

CERTIFICATE OF DEATH

STATE OF UTAH - DEPARTMENT OF HEALTH

STATE FILE NUMBER

LOCAL FILE NUMBER

Irene M. North

HEBER CITY—Irene Morris North, 85, died Nov. 11, 1985 at the home of a daughter, Mrs. Kay Welch in Heber City. Born Jan. 20, 1900 in Elkhorn (Hallstone), Utah to Harry and Louisa Jones Morris. Married Glen Wayne North July 20, 1920 in Salt Lake City. He died Nov. 8, 1937. Member LDS church.

Survived by children, Mrs. Thomas (Gladys) Farrer, Mrs. Clarence (Kay) Welch and Glen North, all of Heber City; Mrs. Clyde (Evelyn) Rollins, Mapleton; Mrs. Glen (Erva) Roberts and Mrs. Roy (Lu Ann) Singleton, both of Provo; Mrs. Max (Dora) McAfee, Victorville, Calif.; Mrs. Leo (Glendell) Speirs, Vernal; Darrell North, Roosevelt; 26 grandchildren; 47 great-grandchildren; four great-great-grandchildren; brothers, Harry Hallstone Morris, Salt Lake City; Roy Morris, Roosevelt. Preceded in death by a brother, Joseph Morris.

Funeral service Thursday, 1 p.m. at the Heber 6th Ward Chapel. Friends may call at Olpin Mortuary, Wednesday, 7-9 p.m. and at the church Thursday prior to service. Burial Heber City Cemetery.

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TYPE OR PRINT • USE BLACK INK

DECEDENT PERSONAL DATA	NAME OF DECEDENT FIRST MIDDLE LAST 1. IRENE NORTH			SEX 2. Female	RACE (White, Black, Am. Indian, etc.) Specify 3. White	DATE OF DEATH (Month, Day, Year) 4. November 11, 1985	
	WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> (If other, specify)			DATE OF BIRTH (Month, Day, Year) 5. January 20, 1900		AGE (Last Birthday) 7. 85 Yrs.	IF UNDER 1 year Months Days Hours Minutes
	BIRTHPLACE (State or foreign country) 8. Elkhorn, Utah		CITIZEN of what country 9. USA		EDUCATION—(Specify only highest grade completed) Elementary or Secondary (8-12) College (13-16 or 17 +) 11. 8		SOCIAL SECURITY NUMBER 12. 529-28-5190
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. Housewife			KIND OF BUSINESS OR INDUSTRY 13b. Home		NAME of surviving spouse (If, wife, enter maiden name) 14. GLEN WAYNE NORTH (deceased)	
USUAL RESIDENCE	NAME OF FATHER 15. HARRY MORRIS			MAIDEN NAME OF MOTHER 16. LOUISA JONES			Was decedent ever in U.S. Armed Forces? 17. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	USUAL RESIDENCE—(Street address or location) 18a. 55 North 4th East			INSIDE CITY LIMITS? 18b. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Mrs. Kay Welch, Daughter 55 North 4th East Heber City, Utah 84032	
	CITY OR TOWN 18c. Heber City		COUNTY 18d. Wasatch	STATE AND ZIP CODE 18e. Utah 84032			
	PLACE OF DEATH 20a. 55 North 4th East (at home)			CITY OR TOWN 20b. Heber City		COUNTY 20c. Wasatch	
MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION	MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. 21a. Decedent was pronounced dead at: HOUR DATE 21b. <i>R.R. Green MD</i>			PHYSICIAN OR MEDICAL EXAMINER SIGNATURE 21b. <i>R.R. Green MD</i>		TIME of death (24 hr. clock) 21c. 1017	
	PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I last saw the decedent alive on: 21d. month day year If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, enter the date and hour reported: M.E. Case No.			CERTIFIER'S name and title (Type or print) 21e. Dr. R. R. Green MD		DATE SIGNED (Month, Day, Year) 21f. Nov. 12, 1985	
	22. HOUR MO DAY YEAR			CERTIFIER'S address and zip code 21g. 45 S. Main - Heber City, Utah 84032		UTAH PHYSICIAN LICENSE NUMBER 21h. 2348	
	FUNERAL DIRECTOR AND LOCAL REGISTRAR			SIGNATURE of Funeral Director 24. <i>Guy Olpin</i>		FUNERAL HOME—Name, address and license number 25. Olpin Mortuary - Heber City, Utah	
MEDICAL AND HEALTH DATA	NAME AND LOCATION OF CEMETERY OR CREMATORY 26. Heber City Cemetery, Heber City, Utah			LOCAL REGISTRAR—Signature 27. <i>Guy Olpin</i>		Data accepted for registration by local registrar 28.	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (A) <i>Respiratory Arrest</i> CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (B) <i>Hypertensive Cardiovascular Disease 10 yrs</i> DERLYING CAUSE LAST. (C)			Interval between onset and death <i>immed</i>		Interval between onset and death <i>10 yrs</i>	
	PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. 30.			AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, were findings considered in determining cause of death? 31b. YES <input type="checkbox"/> NO <input type="checkbox"/>	
	INJURY INFORMATION			DATE of Injury (Month, Day, Year) 33a. none		TIME OF INJURY (24 Hour Clock) 33b. none	
32. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN. 33a. none			INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.) 35.		
36a. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29) 39. none			Distance from place of injury to usual residence (Item 18) 36b. none Miles		Were laboratory tests done for drugs or toxic chemicals? 37. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
					Were laboratory tests done for alcohol? 38. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
					If motor vehicle accident, specify if decedent was driver, passenger or pedestrian. 40.		

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